	MOUNTAIR! Request for '	E FARIVIS Vacation or	OF DELMAI Floating Holid	ay		
To Be Compl	eted by Employee	Date of Hire	2/11/85	De	pt. <u>5</u> L	,20_
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☐ Full Day(s)	Date(s) Requested			MIZO		
OATING HOLIDAY:			(circle one)			
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ntact my supervisor and the H	uman Resources Depo	artment to actvise	inem of my circumstance	es. 1110y 1111. [COMPANY	0 ,
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oyee Name: Richard Forman ss# 2	16-38-7001	_ U Salaried
ATION:		2600
☐ ½ Day Date Requested		
☐ Full Day(s) Date(s) Requested		
	(circle one)	
ATING HOLIDAY:	Calendar Anniversary	
Date Requested Money only	Carrie	
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derstand that if this request is granted, I am to return on the next contact my supervisor and the Human Resources Department to		*
ordingly.	<i>∽ (</i>	20/01
- Richard Frazemin	Date	
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MOUNTAIRE FARMS Request for Vacation or	
SECTION 1 To Be Completed by Employee Date of Hire	1/24/81 Dept. 5620
Employee Name: Rey Leonard SS# 5	214-36-7208
VACATION:	
☐ 1/2 Day Date Requested	
☐ Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: Date Requested Many only	(circle one) (Calendar Anniversary
I understand that if this request is granted, I am to return on the next sch contact my supervisor and the Human Resources Department to advise t	eduled work day. If anything should prevent my return, I will hem of my circumstances. They will counsel accordingly.
Hong M Long C Employee Stanature	1 1/30/03 Date
NOTE: This form must be completed and received by the Human Resou If 2-week notification is not given, vacation/holiday pay may be delayed.	rces Department at least 2 weeks prior to the requested day(s) off.
1 2 Wood indirection in fact given, when the property of	93 FEB 3
SECTION 2 To Be Completed by Human Resources	
Vacation	Floating Holidays
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2) Days Requested:	Days Requested:
3) Days Remaining:	Days Remaining:
(1 - 2 = 3)	FCS galana
Human Resources Representative's Signature	Date Viller

SECTION 3 To Be Completed by Employee's Supervisor(s) ar	d/or Manager(s)
SUPERVISOR: Approved Disapproved D	SUPERINTENDENT: Approved ☐ Disapproved ☐
Nathanie Briskle 1/3/103	•
Signature Date	Signature Date
FOREMAN: Approved ☐ Disapproved ☐	PLANT MANAGER: Approved □ Disapproved □
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REV	S TO PERSONNEL/VACATION FILE. ERSE SIDE.

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Request for Vacation of	OF DELMARVA Floating Holiday	ZI 00
T. D. Completed by Employee Date of Hire	1/24/81 Dept	5620
	I I No	n-Union Hourly
oloyec Name: Roy Leonard ss# s	214-36-1200 U Sa	arred
CATION:	And the second s	
☐ 1/4 Day Date Requested	- Mu	uks)
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stact my supervisor and the change the	A 1 A	103
Roy m Leonard	Date Date	
mployee Signature	Department at least 2 weeks prior to the	requested day(s) off.
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2-week notification is the ground		93 FEE
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d TALLO	N D NON-UNIC	ON HOURLY	□ SALARIED	
(CHECK ONE Vacation	E):	Personal/Floating Holiday - Calend Personal/Floating	ar	
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ontact my supervisor and the Human Res.		Date:	21/02	
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(CHECK ONE): Vacation		Personal/F Holiday - (·	. *	
		Personal/Fl Holiday - A			
Day/Date(s) Reque	i	only			•
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Employee's Signature	Junell	Date	<u>3/23/01</u>		
Nathanil SUPERVISOR'S SIGN	Buddell	DATE	3/23/01	□ APPROVED	91 mir 23 3: □DISAPPROVED
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Employee Signature	uncl Date	3/11/03)
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MOUNTAIRE FARM Request for Vacation	or Floating Holiday		
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ployee Name: Warren turnell ss	# 2116-38-8147	☐ Non-U	nion Hourly d
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<u> </u>	xt scheduled work day. If anything s	should prevent my	return, I will
ntact my supervisor and the Human Resources Department to au	vise mem of my en ountermeet.	i t	ordingly.
Marcen 2. Leurelle	1 12	10/02	
oployee Signature	Date		
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understand that if this request is go ontact my supervisop and the Hum	un Resources Departi	nent to activise	them of my circumstances.	They was counses	t my return, I will accordingly.
Employee Signature	L. Peur	ell	Tolte	2/10/02	
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MOUNTAIRE FARM Request for Vacation 6	S OF DELMARVA or Floating Holiday	·
SECTION 1 To Be Completed by Employee Date of Hire_		
Employee Name: Warren Purnell ss#	216-38-8147	☐ Union ☐ Non-Union Hourly ☐ Salaried
VACATION:		
☐ 1/2 Day Date Requested ☐ Full Day(s) Date(s) Requested		
FLOATING HOLIDAY: Date Requested Money Only	(circle one) Calendar Anniversar	y
I understand that if this request is granted, I am to return on the next contact my supervisor and the Human Resources Department to advis	e them of my circumstances. They	nould prevent my return, I will v will counsel accordingly.
Mularren Purnell Employee Signature	Date	121/03
NOTE: This form must be completed and received by the Human Res If 2-week notification is not given, vacation/holiday pay may be delaye	ources Department at least 2 week d.	s prior to the requested day(s) off.
SECTION 2 To Be Completed by Human Resources		
	Flos	93 86F 25 iting Holidays
<u>Vacation</u>	Will 19	33 MAP 25 ating Holidays
1) Total Days Due:	Floa Total Days Due: Days Requested:	* *
1) Total Days Due: 2) Days Requested:	Total Days Due:	* *
1) Total Days Due:	Total Days Due; Days Requested:	* *
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3)	Total Days Due; Days Requested:	* *
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3) Human Resources Representative's Signature	Total Days Due; Days Requested: Days Remaining: Date	* *
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3) Human Resources Representative's Signature	Total Days Due: Days Requested: Days Remaining: Date Date	* *
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3) Iluman Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s)	Total Days Due: Days Requested: Days Remaining: Date Date	Approved □ Disapproved □
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3) Iluman Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s)	Total Days Due: Days Requested: Days Remaining: Date Date	ting Holidays
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1 - 2 = 3) Iluman Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) SUPERVISOR: Approved: Disapproved: Address Supervisor (s) Supervisor (s) Address Supervisor (s) Supervisor (s) Address Supervisor (s)	Total Days Due: Days Requested: Days Remaining: Date Date SUPERINTENDENT:	Approved □ Disapproved □
1) Total Days Due: 2) Days Requested: 3) Days Remaining: (1-2=3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s) SUPERVISOR: Approved Disapproved Haddel 3/2 Signature Date 3/2	Total Days Due: Days Requested: Days Remaining: Date Date Superintendent: Signature	Approved Disapproved Date

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Name	Jarren t	urnell :	S.S.#	216-38	3-8147
Date of Hire _	4/26/93	04.10 95	FT Departme		etan 560
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(CHECK ON) Vacation	E):		onal Floating lay - Calendar	<i>'</i>	<u>or</u>
			nal/Floating ay -Anniversary		
Day/Date(s) Rec	luested — M	Meyo	Mly		
I UNDERSTAND T. SHOULD PREVENT THEY WILL COUN	HAT IF THIS REQUEST IS GR. MY RETURN I WILL CONTACT SEL ACCORDINGLY.	WIED, IAM TO RETURN O MI SUPERVISOR AND HUM	ON THE NEXT SCHEDU AN RESOURCES AND A	LED FORK DAY AND DVISE THEM OF THE	THAT IF ANYTHING CIRCUMSTANCES.
Employee's Signature		Denc	0 1/6	01	
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SUPERINTENDENT	'S SIGNATURE	DATE		CIAPPROVED	CIDISAPPROVED .
PLANT MANAGER':	SSIGNATURE	DATE		_ CIAPPROVED	CIDISAPPROVED
	FOR OFFICE USE ONLY:	# OF DAYS DUE			
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ORM 911 wy.dze epissiber 23, 1999				······································	JAN 0 6 2001 WEEK ENDING

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Time O	off Request Form	
Name Ricky Stugs	s.s.# <u> A</u> a	2-318-8554
Date of Hire $\frac{222-36-855}{6/30/1977}$ DUNION \square NON-UNION		ALARIED 5620
(CHECK ONE): Vacation	Personal/Floating Holiday - Calendar Personal/Floating Holiday -Anniversary	
Day/Date(s) Requested	TO RETURN ON THE NEXT SCHEDU	LED WORK DAY AND THAT IF ANYTHONG DVISE THEM OF THE CIRCUMSTANCES.
Mathaniel Briddell SUPERVISOR'S SIGNATURE	1/23/01 DATE	ZAPPROVED CIDISAPPROVED
FOREMAN'S SIGNATURE	DATE	CAPPROVED CDISAPPROVED
SUPERINTENDENT'S SIGNATURE	DATE	CAPPROVED CIDISAPPROVED
PLANT MANAGER'S SIGNATURE	DATE	_ CAPPROVED CIDISAPPROVED
	AYS DUE	· · · · · · · · · · · · · · · · · · ·

MOUNTAIRE Time Off Request Form

Name Ric	la Sturais	SS#	122-36-85	554
Date of Hire	6/30/22	-	cpartment	Hand
ORNIC	NON-1	UNION HOURLY	SALARIED	5620
(CHECK ON) Vacation	E):/_	Personal/Float Holiday - Cale	•	
		Personal/Floati Holiday -Anniv		
Day/Date(s) Req	uested Money	only (4	Weeks)	· · ·
SHOULD PREVENT	HAT IF THIS REQUEST IS GRANTE MY RETURN I WILL CONTACT MY S SEL ACCORDINGLY.	TD, I AM TO RETURN ON THE NEXT UPERVISOR AND HUMAN RESOURCE L	SCHEDULED WORK DATAND SES AND ADVISE THEM OF THE	THAT IF ANYTHONG ECIRCUMSTANCES.
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Dethunie SUPERVISOR'S SIC	Briddle)/q DATE	/ dapproved	☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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SUPERINTENDENT	'S SIGNATURE	DATE	•	CIDISAPPROVED .
PLANT MANAGER'S	SSIGNATURE	DATE	APPROVED WEE	PAYDO DISAPPROVED 10 7 2001 KENDING
	•	OF DAYS DUE OF DAYS REQUESTED		ਾਖ

FORM 011 myrdem September 23, 1999

MOUNTAIRE FARM Request for Vacation			
SECTION 1 To Be Completed by Employee Date of Hire	6/30/77	Dept	5620
Employee Name: Ricky Starges SS#	222-36-8554	21 U 0 N O Sa	nion on-Union Hourly laried
VACATION:		•	
☐ ½ Day Date Requested			
☐ Full Day(s) Date(s) Requested			
FLOATING HOLIDAY: Date Requested Jeb. 13, 2002		•	
I understand that if this request is granted, I am to return on the new will contact my supervisor and the Human Resources Department to accordingly.	···	thing should pre inces. They will	vent my return, I counsel
Employee Signature	Date		
NOTE: This form must be completed and received by the Human Re off. If 2-week notification is not given, vacation/holiday pay may be of	sources Department at least 2 violetyed.	weeks prior to th	o requested day(s)
SECTION 2: To Be Completed by Human Resources	•	•	Je des
<u>Vacation</u>	<u>Flo</u>	oating Holida	YS .
Total Days Due. Days Requested:	Total Days Duc:	<u> </u>	
Days Requested: Days Remaining:	Days Requested:	<u> </u>	
(1 - 2 = 3)	Days Remaining:		
TX D			the state of the s
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervisor(s)	and/or Manager(s)		
SUPERVISOR: Approved Disapproved	SUPERINTENDENT:	A	
		Approved []	Disapproved [7]
Wathenil Briddell		Approved LJ	Disapproved 🔲
	Signature	Approved []	Disapproved Date
Signature Briddell Date	-	Approved []	
Signature Briddell Date	Signature PLANT MANAGER:		Date Disapproved []
Signature Date FOREMAN: Approved Disapproved Disappro	Signature PLANT MANAGER: Signature	Approved []	Dote Disapproved []

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M(OUNTAIRE FARMS OF lequest for Vacation or Floa	DELMARY ating Holiday	A	
	by Employee Date of Hire		Dept	1
mployee Name: Ricky S	Strugis ss# 22	<u> </u>	Non- Salar	Union Hourly ied
ACATION:		ieks -		•
	Date Requested		(All Wee	ics Due
LOATING HOLIDAY:		(circle one)		
Date Requested	Caler	ndar Annive	гзагу	
understand that if this request is greated my supervisor and the Humb	anted, I am to return on the next scheduled in Resources Department to advise them of	Date	6/21/02	/
NOTE: This form must be complete	d and received by the Human Resources De leation/holiday pay may be delayed.	partment at least 2 w	eeks prior to the rec	uested day(s) off
NOTE: This form must be complete if 2-week notification is not given, v.	ncation/holiday pay may be delayed.		eeks prior to the rec	
NOTE: This form must be complete f 2-week notification is not given, very section 2. To Be Complete Vacat	ncation/holiday pay may be delayed.		loating Holida	
NOTE: This form must be complete f 2-week notification is not given, v. SECTION 2 To Be Comple Vacat 1) Total Days Due:	ncation/holiday pay may be delayed.	F	loating Holida	
NOTE: This form must be complete of 2-week notification is not given, v. SECTION 2 To Be Comple Vacat 1) Total Days Due: Days Requested:	ncation/holiday pay may be delayed.	<u>F</u> Total Days Duc	loating Holida	
SECTION 2 To Be Complete Yacat To Days Due: Days Requested: Days Remaining:	ion (1-2=3)	<u>F</u> Total Days Duc Days Requested	loating Holida	
SECTION 2 To Be Complete Yacat 1) Total Days Due: 2) Days Requested: 3) Days Remaining:	ion (1-2=3)	F Total Days Duc Days Requested Days Remaining Date	loating Holida	
SECTION 2 To Be Complete Yacat To Days Requested: Days Remaining: Human Resources Representative's To Be Complete To Be Complete Yacat To Be Complete The Complete	ion (1-2=3) Signature ted by Employee's Supervisor(s) and/or M.	F Total Days Duc Days Requested Days Remaining Date	Toating Holida	ys .
SECTION 2 To Be Complete Yacat To Days Requested: Days Remaining: Human Resources Representative's To Be Complete To Be Complete Yacat To Be Complete The Complete	ion (1-2=3) Signature ted by Employee's Supervisor(s) and/or M. Disapproved SU	Total Days Duc Days Requested Days Remainin Date	loating Holida	ys .
SECTION 2 To Be Comple Vacat To Lays Requested: Days Remaining: Human Resources Representative's SECTION 3 To Be Comple Vacat Laman Resources Representative's SECTION 3 Laman Resources Representative Supervisor. Approved Resources Representative Resources Representative Resources Representative Supervisor. Approved Resources Representative Resources Represen	ion (1 - 2 = 3) Signature ted by Employee's Supervisor(s) and/or M. Disapproved Date Signature	Total Days Duc Days Requested Days Remainin Date [anager(s)]	loating Holida	<u>ys</u> Disapproved

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	RMS OF DELMARVA ion or Floating Holiday
	Hire_ 6/30/77_ Dept. Sh20
Employee Name: Kicky Sturg 15	SS# 222-36-8554
VACATION:	
☐ ½ Day Date Requested	
☐ Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: Date Requested MArch 20 + 212	(circle one) (Calendar) (Anniversary)
I understand that if this request is granted, I am to return on the contact my supervisor and the Human Resources, Department to Employee Signature	e next scheduled work day. If anything should prevent my return, I wie o advise them of my circumstances. They will counsel accordingly. Date
NOTE: This form must be completed and received by the Hurn If 2-week notification is not given, vacation/holiday pay may be	an Resources Department at least 2 weeks prior to the requested day(s) delayed.
SECTION 2 To Be Completed by Human Resources	
[SECTION 2]	Floating Holidays
<u>Vacation</u>	
1) Total Days Due:	Total Days Due: Days Requested:
2) Days Requested: 3) Days Remaining:	Days Remaining:
(1 - 2 = 3)	
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Superv	risor(s) and/or Manager(s)
SECTION 3 To Be Completed by Employee's Superv	
SUPERVISOR: Approved □ Disapproved □	SUPERINTENDENT: Approved Disapprov
SUPERVISOR: Approved Disapproved D	
SUPERVISOR: Approved [] Nathanal Briddell	SUPERINTENDENT: Approved ☐ Disapprov
SUPERVISOR: Approved Disapproved D Mathemal Briddell Signature Date	SUPERINTENDENT: Approved Disapprov

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MOUNTAIRE FARMS Request for Vacation or	
SECTION 1 To Be Completed by Employee Date of Hire	7/7/80 Dept. 5120
VACATION:	
☐ ½ Day Date Requested	
☐ Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: Date Requested Order Continues of the	(circle one) Anniversary
I understand that if this request is granted, I am to return on the next sche contact my supervisor and the Human Resources Department to advise the Employee Signature NOTE: This form must be completed and received by the Human Resource	Date They will counsel accordingly. Date
If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2 To Be Completed by Human Resources <u>Vacation</u>	92 DEC 2 Floating Holidays
1) Total Days Due:	Total Days Due:
2) Days Requested:	Days Requested:
3) Days Remaining: (1 - 2 = 3)	Days Remaining: PAYROLL
Human Resources Representative's Signature	Date Mirro
SECTION 3 To Be Completed by Employee's Supervisor(s) and	Vor Manager(s)
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved ☐ Disapproved ☐
Nathaniel Bruddell 2/20/a Signature Date Spring	2
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved ☐ Disapproved [
Signature Date	Signature Date

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	MS OF DELMARVA on or Floating Holiday
SECTION 1 To Be Completed by Employee Date of His	re 17 80 Dept. 5620
	SS# 214- lo lo-9500
VACATION:	
☐ ½ Day Date Requested	31 050 17
☐ Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: 35. Date Requested Money only	(circle one) Calendar Anniversary
I understand that if this request is granted, I am to return on the no contact my supervisor and the Human Resources Department to a	ext scheduled work day. If anything should prevent my return, I will dvise them of my circumstances. They will counsel accordingly.
Employee Signature	P 12/20/02
NOTE: This form must be completed and received by the Human If 2-week notification is not given, vacation/holiday pay may be del	Resources Department at least 2 weeks prior to the requested day(s) off. ayed.
,	
SECTION 2 To Be Completed by Human Resources	
<u>Vacation</u>	Floating Holidays
1) Total Days Due:	Total Days Due:
Days Requested: Days Remaining:	Days Requested:
3) Days Remaining: (1 - 2 = 3)	Days Remaining:
(2 3)	DEC 21 2002
Human Resources Representative's Signature	Date VULLA CHICAN
SECTION 3 To Be Completed by Employee's Supervisor	(s) and/or Manager(s)
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved Disapproved D
nathaniel Briddell De	10/02
Signature Date Sp	Signature Date
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved [] Disapproved []
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; V IF DISAPPROVED, REASONS WILL BE STATED ON	

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Time Off Request Form

Date of Hire	son Tindley	S.S.#_	Department we to	<u>0</u> au 056
(CHECK ONE) Vacation		ON HOURLY Personal/Fle Holiday - C		
•	ested Money (Personal/Flo Holiday - An	4 weeks)	
I UNDERSTAND THAT SHOULD PREVENT M THEY WILL COUNSE MAS ON C Employee's Signature	I RETURN I WILL CONTACT MY SUPERI	M TO RETUBN ON THE M VISOR AND HUMAN RESOU Date	EXT SCHEDULED WORK DAY AND THAT III URCES AND ADVISE THEM OF THE CIRCU	FANTHEMS MSTANCES. 31 JUL 9 1
Cathung SUPERVISOR'S SIGN	Briddell	DATE	CAPPROVED CIDIS	SAPPROVED
FOREMAN'S SIGNAT	LIRE	DATE	TAPPROVED TDIS	APPROVED
SUPERINTENDENT'S	SIGNATURE	DATE	CAPPROVED CIDISA	PPROVED .
PLANT MANAGER'S S	IGNATURE	DATE	PAYROLI DAPPROVED CIDISA JUL 0.7 2001 WEEK ENDIN	PPROVED 1 1G
	# OF DA	YS DUE		-

FORM 011 #9:6:00 September 23, 1999

	E FARMS OF DELMARVA Vacation or Floating Holiday
SECTION 1 To Be Completed by Employee D	
Employee Name: Mason Tindle	SS# 214-66-9500 O Non-Union Hourly O Salaried
VACATION:	0
☐ 1/4 Day Date Requested	and the second s
☐ Full Day(s) Date(s) Requested _	
FLOATING HOLIDAY: Date Requested	(circle one) Anniversary
I understand that if this request is granted, I am to reto will contact my supervisor and the Human Resources I accordingly.	urn on the next scheduled work day. If anything should prevent my return, I Department to advise them of my circumstances. They will counsel
magne Tindley	Date 12/14/01
Employee Signature NOTE: This form must be completed and received by t	the Human Resources Department at least 2 weeks prior to the requested day(s)
off. If 2-week notification is not given, vacation/holiday	pay may be delayed.
SECTION 2 To Be Completed by Human Reso	purces
Vacation	Floating Holidays
1) Total Days Due:	Total Days Due:
2) Days Requested:	Days Requested:
3) Days Remaining	Of the property of the
(1 - 2 = 3)	And the first transfer of the first transfer
Human Resources Representative's Signature	Date
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SECTION 3 To Be Completed by Employee's	Supervisor(s) and/or Manager(s)
	Supervisor(s) and/or Manager(s) SUPERINTENDENT: Approved Disapproved D
SECTION 3 To Be Completed by Employee's, SUPERVISOR: Approved Disapproved Disa	SUPERINTENDENT: Approved Disapproved D
SECTION 3 To Be Completed by Employee's SUPERVISOR: Approved Disapproved	
SECTION 3 To Be Completed by Employee's, SUPERVISOR: Approved Disapproved Disa	SUPERINTENDENT: Approved Disapproved Disapproved Date PLANT MANAGER: Approved Disapproved D
SECTION 3 To Be Completed by Employee's, SUPERVISOR: Approved Disapproved Disapproved Disapproved Dathaniel Briddell Date	SUPERINTENDENT: Approved Disapproved Disapproved Disapproved Date

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MC R	OUNTAIRE FARMS equest for Vacation o	S OF DELMARVA r Floating Holiday		
	by Employee Date of Hire		Dept56	20_
mployee Name: Mason	Tindley ss#.	214-66-9500	Union Non-U Salarie	nion Hourly
•	Date Requested	yonly (44	vieks)	
FLOATING HOLIDAY: Date Requested		(circle one) Calendar Anniverse	ary	
understand that if this request is graph to the Human for	Mesources Department to alvis	Date	/3/02	
NOTE: This form must be complete If 2-week notification is not given, ve	acation/holiday pay may be delayed	ources Department at least 2 wee	eks prior to the requ	
NOTE: This form must be complete If 2-week notification is not given, va	acation/holiday pay may be delayed	J	eks prior to the requesting Holiday	42 JUL 3
NOTE: This form must be complete If 2-week notification is not given, very SECTION 2	ion	J	oating Holiday	92 JUL 3
NOTE: This form must be complete If 2-week notification is not given, various SECTION 2 To Be Complete Vacat 1) Total Days Due: 2) Days Requested: 3) Days Remaining:	ion (1 - 2 = 3)	FIC Total Days Due: Days Requested	oating Holiday	92 JUL 3
SECTION 2 To Be Complete Vacat 1) Total Days Due: 2) Days Requested: 3) Days Remaining: Human Resources Representative's	ion (1-2=3) Signature	Total Days Due: Days Requested Days Remaining: Date	oating Holiday	42 JUL 3
SECTION 2 To Be Complete Vacat 1) Total Days Due: 2) Days Requested: 3) Days Remaining: Human Resources Representative's	ion (1 - 2 = 3)	Total Days Due: Days Requested Days Remaining: Date	oating Holiday	42 JUL 3
SECTION 2 To Be Complete Vacat 1) Total Days Due: 2) Days Requested: 3) Days Remaining: Human Resources Representative's	ion (1 - 2 = 3) Signature eted by Employee's Supervisor(s)	Total Days Due: Days Requested Days Remaining: Date Date	oating Holiday	42 JUL 3
SECTION 2 To Be Complete Vacat 1) Total Days Due: 2) Days Requested: 3) Days Remaining: Human Resources Representative's SECTION 3 To Be Complete Vacat Line Total Days Due: Approved Distributed British Complete Supervisor: Approved Distributed British	ion (1 - 2 = 3) Signature eted by Employee's Supervisor(s)	Total Days Due: Days Requested Days Remaining: Date and/or Manager(s) SUPERINTENDENT:	oating Holiday	e2 JUL 3

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Time Off Request Form	
Name Robert 42ise S.S.# 150-60-6813	·
Date of Hire 221-12000 Department Live Hand	/
DUNION ONON-UNION HOURLY SALARIED	
(CHECK ONE): Personal/Floating Vacation Holiday - Calendar	
Personal/Floating Holiday -Anniversary	
Day/Date(s) Requested Money only	
I UNDERSTAND THAT IF THIS REQUEST IS GRANTED AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHO SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCE THEY WILL COUNSEL ACCORDINGLY. ### Provided Line 10 Date D	NG ES.
Matternal Brussell 2301 DATE DATE	FEE LE D
FOREMAN'S SIGNATURE DATE	OZZVC
SUPERINTENDENT'S SIGNATURE DATE)VED
PLANT MANAGER'S SIGNATURE DATE DATE)VED
FORM OIL my days September 23, 1999	

	Tim	e Off Reque	st Form	150-61	0.6813
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			Department	Linet	land
Date of Hire			· ·		5620
DANION	J-NON 🗆	INION HOURLY	□ SAI	LARIED	-5134
(CHECK ONE):		Personal/	-	•	
Vacation			Calendar		
		Personal/I Holiday -	Floating Anniversary		
		reiz conti			WL
Day/Date(s) Reque	ested	A ##	NEVE SCHEDULE	O WORK DATAN	D TILAT IF AMTHERS
I UNDERSTAND THA SHOULD PREVENT MI THEY WILL COUNSEL	T IF THIS REQUEST IS GRANTE Y RETURN I WILL CONTACT MYS LACCORDINGLY.	TOPERVISOR AND HUMAN N	ESOURCES AND ADI	TSE THEM OF T	HE CIRCUMSTANCES.
Robert Law	is o		2/4/0		•
Employee's Signature		Dato			
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Mathanul SUPERVISOR'S SIGN	Briddle	DATE +	6/0/ h 23	_ <u>ct</u> approv	ED CIDISAPPROVED
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FOREMAN'S SIGNA	TURE	DATE	Ť)
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				en de sejente de la maio agras de la ci	

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Hire	8/2/01 Dept. 5620		
Employee Name: Tred Finney SSA	222-64-2745 Salaried		
VACATION:	/µk		
☐ ½ Day Date Requested			
☐ Full Day(s) Date(s) Requested	ney only		
FLOATING HOLIDAY:	(circle one)		
Date Requested	Calendar Anniversary		
I understand that if this request is granted, I am to return on the next contact my supervisor and the Human Resources Department to adv. Light	t scheduled work day. If anything should prevent my return, I will ise them of my circumstances. They will counsel accordingly.		
NOTE: This form must be completed and received by the Human Re If 2-week notification is not given, vacation/holiday pay may be delay	esources Department at least 2 weeks prior to the requested day(s) off.		
SECTION 2 To Be Completed by Human Resources			
<u>Vacation</u>	Floating Holidays		
1) Total Days Due:	Total Days Due:		
2) Days Requested:	Days Requested:		
3) Days Remaining:	Days Remaining:		
(1 - 2 = 3)			
Human Resources Representative's Signature	Date		
SECTION 3 To Be Completed by Employee's Supervisor(s	s) and/or Manager(s)		
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved [] Disapproved []		
Nathaniel Bridge			
Signature Date	Signature Date		
FOREMAN: Approved Disapproved .	PLANT MANAGER: Approved ☐ Disapproved ☐		
Signature Date	Signature Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WI IF DISAPPROVED, REASONS WILL BE STATED ON	HITE TO PERSONNEL/VACATION FILE. REVERSE SIDE.		

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Name <u>Ward</u>	ell Forem	91 Ir S.S.# 21	406.9	1479
Date of Hire	2-27-94	Depa	artment <u>Live</u>	haul
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	# OF	DAYS DUE DAYS REQUESTED DAYS LEFT		
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Name <u>Trandell</u> F	Oreman 8.5.#	214-66-9479
Date of Hire 2/23/0	76	Department Windkul
TO NOINUE	NON-UNION HOURLY	O SALARIED
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	Personal/F Holiday - A	- I/
Day/Date(s) Requested	loney only	•
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Name Wardell Foreman	s.s.# 214-66-9479
Date of Hire 2/23/96	Department Live Han C' Gill
UNION D NON-UNION I	HOURLY
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Time	Off	Request	Form
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Name Anthony Jackson	S.S.# 214-84-2872
Date of Hire 415 97 -	Department Swettan 36.20
DONION DON-UNIO	ON HOURLY
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Day/Date(s) Requested Money	only
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Name Anth	ony Jackson	S.S.#	214-84-	2872	
Date of Hire	415/99	D	epartment C	Line	Hand
OVINON	□ NON-UNIO	N HOURLY	□ SALA	RIED	Slave
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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee Date of Hire	9/79 Dept. 5620		
Employee Name: Robert Tarmon 85# 21	8-34-3125 O Non-Union Hourly O Salaried		
VACATION:			
☐ ½ Day Date Requested			
☐ Full Day(s) Date(s) Requested	•		
FLOATING HOLIDAY: Date Requested Money Only Cal	(circle one)		
I understand that if this request is granted, I and to return on the next sched will contact my supervisor and the Human Resources Department to advise accordingly.	duled work day. If anything should prevent my return, I e them of my circumstances. They will counsel		
Employee Signature	Date 11/27/01		
NOTE: This form must be completed and received by the Human Resources off. If 2-week notification is not given, vacation/holiday pay may be delayed	s Department at least 2 weeks prior to the requested day(s)		
SECTION 2 To Be Completed by Human Resources Vacation	Floating Holidays		
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2) Days Requested:	Days Requested:		
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Human Resources Representative's Signature	Date de		
	the state of the s		
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or	r Manager(s) DED- 0 1 2891		
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SECTION 1 To Be Comp	leted by Employee Date of Hire	11/9/79	Dept 5620
Employee Name: Pobert	Jarmon ssh	218-34-3125	Union O Non-Union Hourly O Salaried
VACATION:	5.		
□ ½ Day	Date Requested	***************************************	
☐ Full Day(s)	Date(s) Requested		
FLOATING HOLIDAY: Date Requested	money only	(circle one) Calendar Anniversary	
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Employee Signature	from		<u> </u>
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Days Remaining:		Days Remaining	i <u>i i i i i i i i i i i i i i i i i i </u>
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Human Resources Representative	e's Signature	1917	i musaisin
		Date -w.	N. E., Frie phikyy".
SECTION 3 To Be Com	pleted by Employee's Supervisor(s) and/or Manager(s)	
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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday	
SECTION 1 To Be Completed by Employee Date of Hire 41901 Dept 5620	<u></u>
Employee Name: Preddie Matthews 215-58-7492 D'Union Hourly Employee Name: Salaried	· ·
VACATION:	
☐ % Day Date Requested	
☐ Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: Date Requested Moncy Only Calendar Anniversary	
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.	1
X Freddy Matthews Date 15/02	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested days off. If 2-week notification is not given, vacation/holiday pay may be delayed.	з)
SECTION 2: To Be Completed by Human Resources	
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Human Resources Representative's Signature Date	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)	
SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved	
Signature Date Signature Date	
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Signature Date Date Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

			C OF DELMARVA		
	MOU	INTAIRE FARM	S OF DELMARVA		
	Req	mest for Vacation	Ul Floating	oept. <u>563</u>	10
	To Be Completed by		4)19/01	Dept.	
SECTIO	N I	•		Non-Union	Hourly
	Λ H^{*}	m-Ithe Koo	a15-58-7492	☐ Salaried	
mployee N	ame: Tredue	TI ACU ICOS SSI	10K 10K	WAY.	15 hest
ACATIO	N:	۰ ۰ ۰	no mo 4th 200	2	hect not Da
	½ Day / Da	ile Requested HANG	29- May 4th 200	Receive	
	Full Day(s). Da	ate(s) Requested		26th	
		money only	(circle one)	~ ~ ~ ~	
FLOATIN	IG HOLIDAY:		Calendar Anniversary	<u> </u>	
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I understa	nd that if this request is gra	nted, I am to return on the in- Resources Department to a	ext scheduled work day. If anything ship divise them of my circumstances. They	2/28/0	المد
contact m	y supervisor and the Manne	7 1 1 S	<u>Y</u>	2 Joseph	<u></u>
ドナウ	Signature	4THULL -	Date	to the remies	ted day(s) off
Employee	; Digitation	d and received by the Human	Resources Department at least 2 weeks slayed.	prior to the reques	
NOTE:	This form must be completed notification is not given, va	d and received by the cation/holiday pay may be de	layed.		J2 APF
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	Vacat	<u>ion</u>	-		
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3)		(1-2=3)		$\sum_{i=1}^{n} I R_{i}$	3. ~ Y 4. ;
			Date		25 发抖, 屏
н	n Resources Representative'	e Signature			
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Huma	n Resources Represent	Supervision of Supervision	risor(s) and/or Manager(s)		
	ECTION 3 To Be Comp	oleted by Employee's Superv	risor(s) and/or Manager(s) SUPERINTENDENT:	Approved []	Disapproved
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MOUNTAL Request fo	IRE FARMS OF DELMARVA or Vacation or Floating Holiday
SECTION 1 To Be Completed by Employee	Date of Hire 2 19 01 Dept. 5620
mployee Name: Preddic MAttl	news ss# 813-58-7492 O Non-Union Hourly
ACATION:	A STATE OF THE STA
☐ ½ Day Date Requeste	· 11、11、11、11、11、11、11、11、11、11、11、11、11、
☐ Full Day(s) Date(s) Reque	ested
LOATING HOLIDAY: Date Requested	(circle one) (Calendar) Anniversary
understand that if this request is granted, I am to	return on the next scheduled work day. If anything should prevent my return, I will Department to advise them of my circumstances. They will counsel accordingly.
X Freddi Mithews	V 12/31/02
Employee Signature	Date
IOTE: This form must be completed and received 2-week notification is not given, vacation/holida	d by the Human Resources Department at least 2 weeks prior to the requested day(s) off y pay may be delayed.
SECTION 2 To Be Completed by Human	n Resources 03 JAN Property Floating Holidays
l) Total Days Due:	Total Days Duc
2) Days Requested:	Days Requested: Days Remaining:
3) Days Remaining: (1 - 2 = 3)	JAN 04 2013
Human Resources Representative's Signature	Date : Date :
SECTION 3 To Be Completed by Emplo	oyee's Supervisor(s) and/or Manager(s)
SUPERVISOR: Approved Disapprove	SUPERINTENDENT: Approved Disapproved
Signature Duckatt	Date Date
FOREMAN: Approved Disapprove	
Signature L	Date Signature Date
NOTE: PINK TO EMPLOYEE; YELLO IF DISAPPROVED, REASONS W	OW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. VILL BE STATED ON REVERSE SIDE.

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SECTION 1 To Be Completed by Employee Name: Sylveste VACATION:	y Employee Date of H	allin	Dept	Inion Hourly
·- ,	ate Requestedate(s) Requested			
	noney only			Total
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Signature	Date	Signature	. "	Truco
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MOUNTAIRE FARM	MS OF DELMARVA	,
	n or Floating Holiday	
To Be Completed by Employee Date of Hire	5/23/01	_ Dept _ 510 20
ECTION 1 To Be Completed by Employee		Union
D. OT 1	SH 219-62-7645	☐ Non-Union Hourly ☐ Salaried
oloyee Name Deroy Vaylor S	s# <u> </u>	
CATION:		
☐ ½ Day Date Requested		
☐ Full Day(s) Date(s) Requested		
	(circle one)	
OATING HOLIDAY: Date Requested	Calendar Anniversa	гу
		ing should prevent my religible in
nderstand that if this request is granted, I am to return on th Il contact my supervisor and the Human Resources Departm	ent to advise them of my circumstar	ces. They will counsel
cordingly.	20	9/5/01
Lowy J. Juylor	Date)! 3E
	Department at least 2	weeks prior to the requested day(s)
othe: This form must be completed and received by the Hum If: If 2-week notification is not given, vacation/holiday pay ma	an Resources Department	
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2) Days Requested: 3) Days Remaining:		ALTA-ENOW
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Human Resources Representative's Signature		
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SUPERVISOR: Approved CK Disapproved C		Massel Flas (OLL
Malrand Bristall	Signature	SEF US 2000 ate
Signature	the second of the second of the second	WEEK FAIDING
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Signature Date	Signature	

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	MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday
	SECTION 1 To Be Completed by Employee Date of Hire 2/11/85 Dept. 5620 Dept. 5620 Division Non-Union Hourly Dept. 5620 Salaried
1	Date Requested Money only 3 weeks 2/15/02 Full Day(s) Date(s) Requested
	Date Requested May only Calendar Anniversary on Friday
	nderstand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will ntact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly. A 11 02
	nployee Signature OTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. 2-week notification is not given, vacation/holiday pay may be delayed.
	SECTION 2 To Be Completed by Human Resources Vacation Floating Holidays
	Total Days Due: Days Requested: Days Remaining: Total Days Due: Days Requested: Days Remaining: Total Days Due: Days Requested: Days Remaining: FEB 0 9 2002 Date Date
6	Jurish Resources Representative's Signature Date Date
	SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)
	SUPERVISOR: Approved Disapproved Disapprov
	Nothand Briddell Signature Date Date
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	Signature Date Signature Date
	NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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SECTION 1 To Be Completed	l by Employee Date of Hire	Dept	S620 Onion Non-Union Hourly Salaried
ACATION:			
	Date Requested		
LOATING HOLIDAY: Date Requested	Money only	(circle one) Calendar Anniversary	
Employee Signature	and received by the Human	Resources Department at least 2 weeks prior to the	03
f 2-week notification is not given, va	ncation/holiday pay may be de	layed.	03 FEB 10
f 2-week notification is not given, va	ted by Human Resources	Floating Ho	/**
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SECTION 2 To Be Complete Yacati To Days Due: Days Requested: Days Remaining: Human Resources Representative's SECTION 3 To Be Complete	ion (1 - 2 = 3) Signature eted by Employee's Supervise	Total Days Due: Days Requested: Days Remaining: FEE Date Date Date	And
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